The role of global health partnerships in achieving vaccine equity: A case study of the COVAX Facility

Charnele Nunes[1]*, Martin McKee[1], Natasha Howard[1,2]

1. London School of Hygiene and Tropical Medicine, 2. National University of Singapore, Saw Swee Hock School of Public Health
* Corresponding author: charnele.nunes@alumni.lshtm.ac.uk

Introduction

The COVID-19 pandemic led to the creation of COVAX, a novel structure to support the discovery, development, and distribution of COVID-19 vaccines. It differed in an important aspect from the previous mechanisms, in that it was based on global solidarity. Ideally, one would have expected that the design of this innovative mechanism would draw on the lessons of the previous global health partnerships (GHPs) operating in the vaccine field, and if not, why not.

Methods

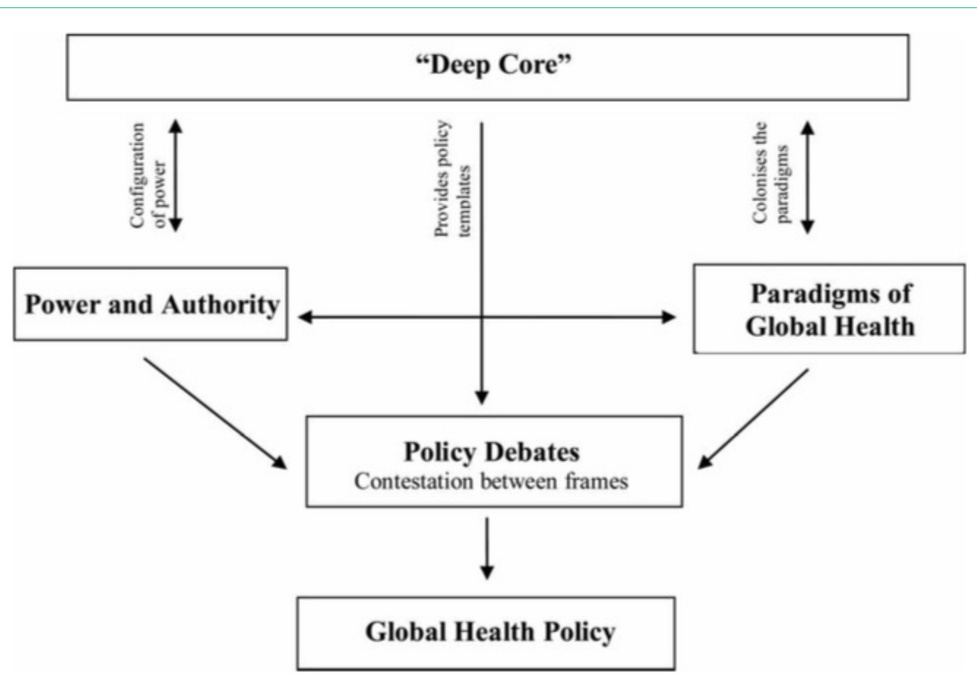
Study design

This study uses an explorative single case study design, using qualitative methods, with a constructivist international relations framework by Rushton and Williams (2012). The research question was answered using a combination of methods: analysis of relevant documents and interviews with key informants involved in the creation and operation of COVAX (n=23, with participants from academia, GHPs, civil society organisations (CSOs), and private sector organisations.

Theoretical framework

We synthesised data thematically using Rushton and Williams' (2012) framework to understand the structural that may influence its ability to achieve specific goals. The framework rests on four pillars: frames, paradigms, power and the "deep core" of neoliberalism.

Figure 1: Framework for analysing global health policymaking



Results

We showed how the global health policy context shaped COVAX, including the influence of Gavi and CEPI in creating its governance structure. We highlighted weaknesses in transparency and accountability, limited engagement with CSOs and LMIC stakeholders, contested policy debates (e.g., different framing) and paradigms (e.g., prioritisation of technical and financing mechanisms over political solutions).

1. **Global health policy**
   - i. **Gavi and CEPI creating COVAX:** Many interviewees agreed that having both Gavi and CEPI lead the global response seemed natural, given that they were already working within the space of global vaccine procurement and epidemic preparedness.
   - ii. **COVAX's tiered design:** Some interviewees considered the tiered approach to have undermined principles of equity, indicating that HICs were prioritised access by allowing concessions on access and leveraging their purchasing power. Other interviewees argued that the concessions were necessary for political reasons.

Results cont'd

- iii. **COVAX's governance structure:** All interviewees noted COVAX's lack of transparency and accountability in decision making processes. The lack of clarity around vaccine communications was illustrated by COVAX's decision to rely on the AstraZeneca vaccine.
- iv. **COVAX's limited engagement with CSOs and LMIC stakeholders:** CSOs started to advocate for a role in decision making processes before the COVAX AMC was launched; it was not until October 2020 that CSOs were included in the governance structure of the COVAX Facility.

2. **Policy debates (contestation between frames) and paradigms of global health**
   - i. **Achieving vaccine equity requires technical solutions and additional financing mechanisms:** Document review illustrated Gavi and CEPI's tactics for advocating for vaccine equity were mainly technical interventions that operated within existing intellectual property (IP) frameworks. The reluctance to challenge the IP regime has resulted in a subsidy-based approach.
   - ii. **Achieving global vaccine equity requires political solutions:** All interviewees agreed that COVAX has not achieved its goal of vaccine equity because of its limited political awareness, at its inception and during ongoing operations. Interviewees contended that increasing global manufacturing capacity is a critical barrier to an effective pandemic response, however, ignores health systems strengthening and IP system.

Conclusions

Our case study identifies two competing framings of global vaccine equity, one where it can be achieved largely by technical solutions and innovative financing mechanisms and a second where it requires political solutions. Interviewees working in the private sector or in GHPs were most likely to support the former whereas academics and individuals working with CSOs were more likely to favour the latter. The adoption of a technical and subsidy-based approach to global vaccine equity has largely been driven by the distribution of discursive, resource, and material power held by GHPs and private sector actors.

COVAX largely replicated existing GHP approaches, subsidising research and development then paying for the resulting discoveries. While recognising how this reflects global power structures, in the inevitable next global health crisis, the health community must advocate for greater LMIC and CSO involvement in decision-making, sharing of IP and technology transfer, and rebalancing of flows of costs and benefits of innovation to different actors.

Implications for research, practice and policy

We propose the following recommendations for GHPs:

1. **Ensure inclusivity in decision making processes:** GHPs should champion the inclusion of LMICs and CSOs across all decision-making stages.
2. **Diversify regional manufacturing of vaccines:** Expanding regional manufacturing will prevent manufacturing bottlenecks.
3. **Diversify solutions for different economies:** Implementing diverse solutions for different economies requires further collaboration with different WHO regional offices and a clear understanding of countries' health systems profiles.
4. **GHPs should influence reform across the vaccine innovation process:** GHPs must strike a much better balance between what they do for vaccine equity and what they do for corporate power.

RUSHTON, S. & WILLIAMS, O. D. 2012. Frames, paradigms and power: Global health policymaking under neoliberalism. Global Society, 26, 147-167.